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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/989,736	
	Filing Date	November 19, 2001	
	First Named Inventor	Alexander D. Pcleg	
	Art Unit	2121	
	Examiner Name	E. Moise	
Total Number of Pages In This Submission	43	Attorney Docket Number	42390P2445C3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	March 3, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	March 3, 2006
Signature	<i>Pat Sullivan</i>		

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/989,736	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	November 19, 2001	
		First Named Inventor	Alexander D. Peleg	
		Examiner Name	E. Moise	
		Art Unit	2121	
TOTAL AMOUNT OF PAYMENT (\$)		1,180.00	Attorney Docket No.	42390P2445C3

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
110	8	50.00	\$400.00
Independent Claims	1	200.00	\$200.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple Dependent claim, if not paid	
1204 790	2204 395	Reissue independent claims over original patent	
1205 900	2205 150	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	600.00

or number previously paid, if greater. For Reissues, see below

## 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 190	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 490	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1450 130	2450 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)	
1808 180	1808 180	Submission of Information Disclosure Sheet	
1809 780	1809 395	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810 780	2810 395	For each additional invention to be examined (37 CFR § 1.128(b))	
Other fee (specify)	Terminal Disclaimer fee	\$190.00	
SUBTOTAL (2)		(\$)	580.00

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>	Date	03/03/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
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